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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/004,888	12/07/2001	Kazuyuki Sato	04329.2704	7604

TITLE OF INVENTION: HARDWARE MANAGEMENT APPARATUS

Richard V

Typed or printed name _

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700 HMARZI2 99000914	03/13/2007
EXAM	INER	ART UNIT	CLASS-SUBCLASS	03/13/2007	HEUKTIS ANDORDIA	1490.89 OF
ELAMIN, ABD	DELMONIEM I	2116	713-001000	01 FC:1501 02 FC:1504		300.00 OP
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			(1) the names of up to	atent front page is 8001 3 registered patent attorr	neys Finnegan	6.00 07 Henderson,
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		or agents OR, alternatively, (2) the name of a single firm (having as a member a		Cla	Garrett &	
		registered attorney or a 2 registered patent atto- listed, no name will be	gent) and the names of urneys or agents. If no namprinted.	p to le is 3 <u>Dunner</u> ,	L.L.P.	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

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(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Kabushiki Kaisha Toshiba	Tokyo, Japan
Please check the appropriate assignee category or categories (will not be	e printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government
4a. The following fee(s) are submitted: \[\begin{align*} \begin{align*} \begin{align*} \begin{align*} \leq \begin{align*} \leq \leq \leq \leq \leq \leq \leq \leq	4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-0916 (enclose an extra copy of this form).
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